

REQUEST TO CHANGE PLAYING LOCATION, DAY OR TIME

APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF INTENT TO CHANGE LOCATION, DATE, OR TIME. (KRS 238.540(1)).

TYPE OF CHANGE

1. ☐ Permanent Change ☐ Temporary Change

ORGANIZATION INFORMATION

2. Name of the Charitable Organization:

_____ License Number ORG- _____

INFORMATION ABOUT BINGO SESSION(S) CHANGE(S)

3. If you want to change your bingo session, please answer the following:

When do you intend to conduct bingo?

	<u>Day of Week</u>	<u>Beginning Time</u>
Current Session 1:	_____	_____ am pm
New Session 1:	_____	_____ am pm
Current Session 2:	_____	_____ am pm
New Session 2:	_____	_____ am pm

Where do you intend to conduct bingo? Please include the commonly used name of the building.

Name of Building: _____

Street Address: _____

City, State, Zip: _____

County: _____

Telephone: _____

Does your organization own these premises? ☐ Yes or ☐ No If no, provide lease.



If your organization intends to conduct bingo at more than one (1) location, for the second location please provide the location at which bingo will be conducted including the commonly used name of the building:

Name of Building: _____

Street Address: _____

City, State, Zip: _____

County: _____

Telephone: _____

Does your organization own these premises? ☐ Yes or ☐ No If no, provide lease

INFORMATION ABOUT OTHER GAMING ACTIVITY LOCATION CHANGE(S)

4. If you do not conduct bingo and want to change your gaming location, please complete the following:

Where do you intend to game?

Name of Building: _____

Street Address: _____

City, State, Zip: _____

County: _____

Telephone: _____

Does your organization own these premises?

☐ Yes or ☐ No

5. **Where do you intend to conduct temporary raffle:** _____

Location: _____ Date: _____ Time: _____

Provide lease or statement of understanding for the change.

**YOU CANNOT CONDUCT GAMING AT THIS NEW LOCATION, DAY OR TIME UNTIL
A NEW LICENSE IS ISSUED.**

CERTIFICATION (BY AN OFFICER)

I certify, under penalty of perjury, that I am an Officer authorized by the applicant to make application for licensure and that I have examined this application for change request, including any accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Title: _____

Date: _____

**\$25.00 Processing Fee Check, made payable to Kentucky State
Treasurer, required to be submitted with the Request.**

visit our website at:
<http://www.ocg.ky.gov>